

**Minutes of Trust Board meeting held on 27 September 2011**

<b>Present:</b>	Joyce Catterick Peter Aspinall Ian Black Bernard Fee Julie Fox Jonathan Jones Helen Wollaston Steven Michael Nisreen Booya Alan Davis Alex Farrell Noreen Young	Chair Non-Executive Director Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Director of Human Resources and Workforce Development Deputy Chief Executive/Director of Finance Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Anna Basford Adrian Berry Tim Breedon Sean Rayner Dawn Stephenson Bernie Cherriman-Sykes Alison Moreton Michael Smith	District Service Director (Calderdale and Kirklees) Director of Forensic Services District Service Director (Wakefield) Transitional District Service Director (Barnsley) Director of Corporate Development and Constitutional Affairs Board Secretary (author) Wakefield LINk representative Members' Council (publicly elected, Calderdale)
<b>Apologies:</b>	None	

**TB/11/67 Welcome, introduction and apologies (agenda item 1)**

The Chair (JC) welcomed everyone to the meeting, in particular, Julie Fox (JF) attending her first meeting as a Non-Executive Director of the Trust, and Alison Moreton and Michael Smith. There were no apologies.

**TB/11/68 Declarations of interest (agenda item 2)**

The following declaration was considered by Trust Board.

Name	Declaration
<b>NON-EXECUTIVE DIRECTOR</b>	
Julie Fox	No interests declared

There were no comments or remarks made on the declaration, therefore, **it was RESOLVED to formally note the declaration by Julie Fox.** No further declarations were made over and above those received by Trust Board in March 2011.

**It was also RESOLVED to APPROVE the changes to the declaration of interests policy and associated forms.**

**TB/11/69 Minutes of and matters arising from Trust Board meetings held on 28 June and 26 July 2011 (agenda item 3)**

28 June 2011 (public session) (item 3.1)

**It was RESOLVED to APPROVE the minutes of the public session held on 28 June 2011 as a true and accurate record of the meeting.**

26 July 2011 (item 3.2)

Subject to one amendment regarding attendance at a meeting with Calderdale and Huddersfield NHS Foundation Trust (CHFT) (page 3), **it was RESOLVED to APPROVE the minutes of the meeting held on 26 July 2011 as a true and accurate record of the meeting.**

There were three matters arising not dealt with elsewhere on the agenda.

TB/10/11 Proceeds from the sale of the St. Luke's site (page 2)

The Chief Executive (SM) met with the Chief Executive and Director of Finance at CHFT and the Trust has received subsequent written confirmation that CHFT is willing to re-visit its offer based on the split of 60:40 as originally agreed and based on the value of the land following an independent valuation.

TB/11/58 Investment appraisal framework (page 3)

Alex Farrell (AF) confirmed that the comments made at the last meeting had been incorporated in the framework and the first report will come to Trust Board in October 2011. A copy will be retained in the Non-Executive Directors' office.

TB/11/60 Human resources performance report (page 5)

Further analysis of HR performance indicators will be presented to the October meeting.

**TB/11/70 Assurance from Trust Board Committees (agenda item 4)**

Audit Committee 5 July 2011 (item 4.1) and Remuneration and Terms of Service Committee 12 July 2011 (item 4.3)

No issues were raised by the Chairs of Committees.

Clinical Governance and Clinical Safety Committee (assurance day) 11 July 2011 (item 4.2)

Bernard Fee (BF) explained that this paper was a summary of the key issues arising from the assurance day, which the Committee will review on a regular basis.

Mental Health Act Committee 6 September 2011 (item 4.4)

Helen Wollaston (HW) raised an issue on behalf of the Committee in relation to the data quality of Mental Health Act information on the RiO system. The Committee had asked that the issue is considered by the Executive Management Team (EMT) and an update brought back to Trust Board in October 2011. AF responded that a review of reporting requirements has been instigated in relation to the Mental Health Act to ensure reports are sufficiently robust to provide the information the Trust needs. Noreen Young (NY) confirmed that the Executive Management Team had discussed this issue.

Clinical Governance and Clinical Safety Committee 13 September 2011 (item 4.5)

BF reported that one of the key issues discussed by the Committee was the Care Quality Commission (CQC) visits to Newton Lodge and Chantry unit and the Committee sought assurance that the Trust is addressing the concerns raised. The Committee wished to support the Trust in the ongoing programme of unannounced

visits in the spirit of self-improvement and to ensure that lessons are learnt across the Trust as a result of the concerns raised by the CQC.

SM confirmed that the Trust received the final report from the CQC following its visit to the Chantry unit on the day of the Board. The Trust has fourteen days to respond. Tim Breedon (TB) is responsible for operational action at Business Delivery Unit (BDU) level and NY is the accountable Executive Director for ensuring the Trust is compliant with its CQC registration.

Trust Board noted that, when the CQC re-visits the Trust, the Trust must be absolutely sure that actions have been implemented and that this can be robustly evidenced.

#### Estates Forum Terms of Reference (item 4.6)

**It was RESOLVED to APPROVE the terms of reference for the Estates Forum.**

Jonathan Jones (JJ) updated Trust Board that the Forum is working towards development of an Estates Strategy in December 2011 for presentation to Trust Board in January 2012.

#### **TB/11/71 Chief Executive's report (agenda item 5)**

SM covered the following items in his report.

- Cluster arrangements, in particular secure/specialist commissioning and QIPP (quality, innovation, productivity and prevention programme). SM commented that the Trust is working with two PCT clusters. BDU Directors are developing and building relationships within clusters, which has been viewed positively by PCTs. There are also opportunities for clusters to learn from each other.
- Potential partnership work with Altogether Better.
- Possibility of industrial action. It was agreed to discuss this more fully in October 2011.
- Reports from the three external reviews were presented to the Board of NHS Yorkshire and the Humber on 12 September 2011. Action plans are in place and are monitored through the Incident Review Sub-Committee, which reports directly into the Clinical Governance and Clinical Safety Committee. SM commented that NHS Yorkshire and the Humber expressed a concern at the length of time the reviews had taken before the reports could be presented, which was echoed by the Trust.
- Public Health Strategy.
- Department of Health guidance on PCT-owned estate. This will be a big challenge for the Trust, particularly in Barnsley. An outline business case will be presented to Trust Board in October 2011 and a full business case in December 2011.
- Change Lab.
- Wellbeing survey. The Remuneration and Terms of Service Committee will review the results at its next meeting and will form part of the quarterly report in October 2011. HW asked whether it would be possible to 'drill down' in other ways (for example, by banding) as well as by geography. Alan Davis (AGD) confirmed this will be part of a more detailed analysis of the results and a series of focus groups will be established to look in detail at the results and what the

Trust can do to address issues raised. BF commented that the response rate of 50% was disappointing and did not feel sufficiently robust. He would like to see the Trust working towards an 80% response rate in future.

Ian Black (IB) asked whether the new health lottery would pose any threat to the Trust and SM confirmed that it potentially could as it would be supporting potential competitors in the health market.

**It was RESOLVED to NOTE the Chief Executive's report.**

**TB/11/72 Transforming Community Services – following completion of first 100 days (agenda item 6)**

Dawn Stephenson (DS) introduced this item. BF commented that the Trust was beginning to see a number of processes which are very different in the two organisations, which may be relatively small on their own but Trust Board needs assurance that these are being picked up in the higher level arrangements. In relation to this, IB sought assurance that all policies would be integrated by the end of April 2012. DS responded that it may be that some cannot be integrated to these timescales. IB commented that this would affect internal and external perceptions if the Trust wanted to pursue any acquisitions in the future. AGD confirmed that he is working with staff side organisations on business critical policies and operational policies will be integrated and harmonised as quickly as possible. DS agreed to bring a further paper to Trust Board in October 2011, with an update on synergies, the process for implementation and progress.

SM commented that the Francis Review of Mid-Staffordshire will particularly look at the link between the impact on quality and delivery of services and business change and the Trust must be in a position to respond to the Report when it is published.

HW asked at what point the Trust would evaluate the transaction and how it would be able to evaluate the affect on quality of services and assess financial benefits. It was agreed to include this in the October paper.

**It was RESOLVED to NOTE the progress and the planned approach beyond the first 100 days, and to receive a further report in October 2011.**

**TB/11/73 Performance reports Month 5 2011/12 (agenda item 7)**

**TB/11/73a Section 1 – integrated performance report – strategic overview**

AF introduced the performance report. She highlighted the following.

- The Trust is still working to integrate and incorporate Barnsley data. An electronic version of the report has now been developed for BDUs and this will be demonstrated to Trust Board in Month 6.
- The Trust is reporting an Amber/Red governance rating due to the CQC visit findings and instances of Clostridium Difficile. The Trust is also closely monitoring indicators that contribute to the governance rating, particularly Delayed Transfers of Care (DToC), which is now significantly higher than previously.

- The financial risk rating remains at green. There is work to triangulate and provide assurance at BDU level in relation to vacancy levels, service quality and the level of surplus.
- Access targets in psychological therapies are improving but are still below target.
- Clinical coding – a piece of work has begun to ensure the appropriate discharge code is recorded at the appropriate time. AF confirmed this would be completed by the end of October 2011. JC asked whether the approach of coding on discharge at the end of a 'spell' rather than episode made clinical sense. Nisreen Booya (NHB) confirmed that it did as it treats the Trust bed-base as a single entity.

BF commented that there were significantly more areas showing a downward trend than previously. SM responded that it is important to understand what the trend analysis shows and what the Trust is doing to mitigate downward trends. There is a move to focus Performance EMT on these areas.

JC invited comments by BDU.

### Barnsley

SM commented that the resolution of the learning disabilities contract and the Section 75 agreement with Barnsley Council was a good achievement. JC added that the Trust is working with service users/carers, staff and partners to work through the closure of Highfield Grange but acknowledged that this is a commissioning decision by the local authority and NHS Barnsley.

### Kirklees

JC asked when the Single Point of Access will be rolled-out across the Trust. This will be February/March 2012 for Barnsley. Building on the arrangements in older people's services in Wakefield, the SPA will operate in shadow form at the end of November 2011 with an anticipated 'go live' date during January 2012, and in Calderdale by November 2011.

JC also asked for assurance regarding risk assessments of the moves of service users on Ward 18, Priestley Unit. ABa assured Trust Board that risk has been assessed and plans are in place for individual service users. She agreed to share this with NY and NHB to ensure clinical and medical assurance. Both NY and NHB confirmed that they had been assured that risks were assessed adequately.

### Forensic services

JJ asked about the process for implementing the CQC report recommendations. Adrian Berry (ABe) responded that an action plan has been developed and sent to the CQC and presented to the Clinical Governance and Clinical Safety Committee. The Trust will deliver against the plan and inform the CQC when action has been implemented. The Trust will ensure there is a robust evidence base to demonstrate that actions have been implemented.

JJ also asked whether there had been any benefits to the Trust of being involved in the national Payment by Results (PbR) project for forensic services. ABe confirmed that this was the case as the primary aim is to have a currency in place that reflects meaningful clinical activity and contracting. His main concern was the lack of clinical

insight into the process. NHB commented that this is replicated in the process for development of PbR for mental health.

JJ made two general points, firstly, in relation to the possibility of future TCS-type opportunities. AF responded that the annual planning guidance, which will be launched on 29 September 2011, will include identification of business developments and opportunities. These will also be identified through Business and Risk meetings of Trust Board and the strategic meeting in November 2011. Anna Basford (ABa) commented that there will be a number of opportunities through Any Qualified Provider. The Trust must be ready to protect existing services and to bid for services to consolidate and enhance pathways. This will involve development of specifications for Trust services as part of the service offer.

Secondly, JJ asked how commissioners would assess Any Qualified Provider. TB responded that it is not clear locally how bids would be assessed; however, national guidance suggests that price should not be a discriminatory factor.

On the performance report as a whole, BF commented that there is no clearer comparison of performance between BDUs and the Trust is not using the richness of data in the districts to show comparisons in performance. AF responded that trend analyses are reported quarterly at Business and Risk meetings. ABa also confirmed that this information is included in the BDU level reports.

JC asked about the sustainability of the Trust's memory services in the longer term. ABa responded that there are other providers who would be interested in providing elements of this service and the Trust will look to retain the specialist element of the pathway and where it can work in partnership with primary care providers or provide services in primary care settings. This is also a theme within the Change Lab and it was suggested this work is linked.

In terms of demand and capacity modelling, AF confirmed this is an area for development, particularly in relation to submission of the annual plan to Monitor in May 2012.

JC also commented on performance against the appraisal target as the Trust is not where it thought it would be. AGD responded that the plan is to achieve 80% by the end of quarter 2 2011/12 and the Trust is on a trajectory to achieve this.

#### TB/11/73b Section 2 – Finance report month 5 2011/12 (agenda item 7.2)

AF highlighted that there has been an increase in underspend and the Trust is now forecasting a surplus of £9.6 million, which is £3.5 million over plan. A number of contributory factors were explained by AF with mitigating action in place by district. She will bring a report on the end of year outturn and drivers behind the increased surplus in October 2011. AF will also bring a trend analysis on EBITDA for the next meeting. AF also highlighted an issue in relation to creditor and debtor payments and assured Trust Board that an action plan is in place focussing on integration of teams, systems and processes.

IB asked what action the Trust can take in relation to the level of surplus and what lessons there are to be learned in relation to budgeting for 2012/13. In response to

the first point, AF commented that any return of funding would need to be based on a sharing of non-recurrent benefits. Trust Board was not advocating this as a course of action; however, it needs to focus in October 2011 on how the surplus can best be utilised. In response to the second point, AF confirmed that the finance team will work with BDUs to ensure budgeting reflects activity and workforce planning.

Peter Aspinall (PA) asked whether there were any 'soft' investments (for example, in relation to privacy and dignity) the Trust could make. BF responded that this had also been discussed at Clinical Governance and Clinical Safety Committee and AGD confirmed that a programme would be developed, subject to approval processes, based on the audit already undertaken, which would have to be delivered within the financial year. PA asked if there were any other opportunities to which AGD responded that the Trust will work with its P21+ partner to bring forward estate changes. JJ commented that this is a good opportunity to re-invest to improve quality of services. BF commented that he would like to see some pace and urgency in the process and financial spend.

SM supported the comments made and commented that the Trust cannot afford to be in this position again and EMT will bring strong and robust proposals to the next meeting. JC made a final comment that the level of surplus is now a genuine worry.

TB/11/73c Improving access to adult psychological therapy services (item 7.3(i))

TB took Trust Board through this item. BF expressed a concern that the Trust appears to be subsidising over-referral by GPs and he would want to be assured that this was being robustly monitored. ABa responded that the Trust has agreed capacity targets with commissioners and these are robustly monitored. IB questioned whether the target was sufficiently ambitious and whether the Trust should set its own target. In response, it was suggested that the Trust should ensure it can sustain performance against the 18-week target.

**It was RESOLVED to NOTE the actions being taken to improve the quality of adult psychological therapy services and the impact this will have on the forecast year-end position for the related CQUIN target.**

TB/11/73d Safeguarding adults training (item 7.3(ii))

NY introduced this item. IB asked why it was so difficult for the Trust to achieve mandatory training targets. NHB responded that the most common cause is ability to release staff. Sean Rayner (SR) commented that there is a wider issue around what constitutes mandatory training and at what level and relevance. JC asked whether the surplus could be used to utilise bank staff to release staff to address the issue in the short-term and provide a solution for Newton Lodge and Chantry. The longer-term review of mandatory training would sit with AGD who will look at what should be mandatory, the best way of providing training and ways of managing the target and balancing the priorities. A further report on mandatory training will come to Trust Board in December 2011.

NY will provide a further report on safeguarding training to the Clinical Governance and Clinical Safety Committee in November 2011.

JC commented that there is a Board expectation that the Trust will meet the year-end mandatory training targets and PA suggested that this should be a key performance indicator, measured through the performance report.

**It was RESOLVED to NOTE the paper and to SUPPORT the proposed monitoring arrangements.**

TB/11/73e Ligature assessment within community in-patient, rehabilitation and recovery units (item 7.3(iii))

NY introduced this item. SM commented that the Trust needs to review why it is providing 'step-down' services in such an institutionalised way and to look at a different approach as part of the revision of the service offer.

A task and finish group set up to monitor activity in this area will report to the Clinical Governance and Clinical Safety Committee.

**It was RESOLVED to APPROVE the recommendations in the paper, in particular the development of a high level compliance and scrutiny group to monitor changing service user need.**

TB/11/73f Ward 18 upgrade scheme, Priestley Unit, Dewsbury (item 7.3(iv))

**It was RESOLVED to APPROVE the additional budget of £531,000 for the Ward 18 scheme to be funded from within the approved capital programme of £10.644 million.**

#### **TB/11/74 NHS Constitution (agenda item 8)**

DS highlighted one item to Trust Board in relation to partial compliance with the pledge to include service users in relevant discussions when transferring between services. She explained that the nature of an individual's illness sometimes makes this inappropriate in a mental health setting.

**It was RESOLVED to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the NHS Constitution.**

#### **TB/11/75 Serious incidents report (agenda item 9)**

NY introduced this item. She informed Trust Board that an external review of policies and processes had been undertaken with Maria Dineen of Consequence, who also facilitated a time out with BDUs. A report will come back to Clinical Governance and Clinical Safety Committee. HW commented that this would also have implications for the use of the Mental Health Act and asked that any learning also comes back to the Mental Health Act Committee.

**It was RESOLVED to NOTE the update on serious incidents.**

#### **TB/11/76 Use of Trust seal (agenda item 10)**

**It was RESOLVED to NOTE the use of the Trust's seal since the last report to Trust Board in June 2011.**



**TB/11/77 Date and time of next meeting (agenda item 11)**

The next public meeting of Trust Board will be held on Tuesday 20 December 2011 in the large conference room, Learning and Development Centre, Fieldhead, Wakefield. There is a business and risk meeting of Trust Board on Tuesday 25 October 2011 in the Wainhouse/Hardcastle rooms, 5th Floor, Dean Clough, Halifax.

Following the meeting, Trust Board received a presentation from Ann Ballarini, Executive Director of Commissioning and Service Development, Calderdale, Kirklees and Wakefield PCT Cluster, on revised commissioning arrangements.

**Signed .....** **Date .....**